

PTO/SB/51 (01-06)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>		<b>Application Number</b>
		<b>Filing Date</b>
		<b>First Named Inventor</b>
		<b>Title</b>
		<b>Art Unit</b>
		<b>Examiner Name</b>
		<b>Attorney Docket Number</b>

I hereby revoke all previous powers of attorney given in the above-identified application.  
I hereby appoint:

Practitioners associated with the Customer Number: **58478**

OR

Practitioner(s) named below:

Name	Registration Number
Mr. Douglas Robinson	51,278
Dr. O. M. (Sam) Zaghmout	51,286

as my/bur attorney(e) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number: **58478**

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OR

<b>Firm or Individual Name</b>	Bio Intellectual Property Services (Bio IPS) LLC		
<b>Address</b>	8509 Kemon Ct		
<b>City</b>	Lorton	<b>State</b>	VA
<b>Country</b>	USA	<b>ZIP</b>	22079
<b>Telephone</b>	703-550-1968	<b>Email</b>	BIOIPS@BIOIPS.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/51-06)

**SIGNATURE of Applicant or Assignee of Record**

Signature: *[Signature]* Date: **20 February 2006**  
Name: **Joseph PUGLISI** Telephone: **61 3 335 5466**

Title and Company: **PARTNER, FINCO**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **2** forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature: *[Signature]* Date: **20 February 2006**  
Name: **Cameron Alice McDONALD** Telephone: **61 3 335 5466**

Title and Company: **PARTNER, FINCO**

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